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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 2560-1-001 N

First Named Inventor Srinivasan Ramanathan

COMPLETE IF KNOWN

Application Number TBA /

Filing Date February 8, 2002

Group Art Unit TBA

Examiner Name TBA

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ENHANCED ORAL AND TRANSCOMPARTMENTAL DELIVERY OF
THERAPEUTIC OR DIAGNOSTIC AGENTS**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International (if applicable).

Application Number [] and was amended on (MM/DD/YYYY) []

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/267,396	February 8, 2001	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ Correspondence address below

23565

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Srinivasan
(first and middle [if any])

Family Name Ramanathan
or Surname

Inventor's
Signature

Date

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Country

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Citizenship

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State

94040
ZIP

USA
Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Stanley
(first and middle [if any])

Family Name Stein
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

U.S.A.
Citizenship

Mailing Address

Mailing Address 6 Rowan Court

City East Brunswick

NJ
State

08816
ZIP

U.S.A.
Country

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael		Leibowitz	
Inventor's Signature		Date	
Residence: City	State	Country	U.S.A. Citizenship
Mailing Address			
Mailing Address 3 Baron Court			
City Manalapan	NJ State	ZIP 07726	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Patrick J.		Sinko	
Inventor's Signature		Date	
Residence: City	NJ State	Country	U.S.A. Citizenship
Mailing Address			
Mailing Address 2 Country Place			
City Lebanon	State NJ	ZIP 08833	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Tamara		Minko	
Inventor's Signature		Date	
Residence: City	State	Country	U.S.A. Citizenship
Mailing Address			
Mailing Address 2685 Wildberry Court			
City Edison	NJ State	ZIP 08817	Country U.S.A.

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Gregory C.		Williams	
Inventor's Signature		Date	
Residence: City	State	Country	U.S.A. Citizenship
Mailing Address			
Mailing Address 3 Mustang Trail			
City Warren	NJ State	ZIP 07059	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Goubao		Zhang	
Inventor's Signature		Date	
Residence: City	NJ State	Country	China Citizenship
Mailing Address			
Mailing Address 2501 Hunters Glenn Drive			
City Plainsboro	State NJ	ZIP 08536	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Xiaoping		Zhang	
Inventor's Signature		Date	
Residence: City	State	Country	U.S.A. Citizenship
Mailing Address			
Mailing Address 960 E. Lincoln Avenue			
City Piscataway	NJ State	08854 ZIP	USA Country

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Shahrair		Pooyan	
Inventor's Signature		Date	
Residence: City	State	Country	Iran Citizenship
Mailing Address			
Mailing Address 15 Rambling Brook Road			
City Chappaqua	NY State	ZIP 10514	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Seong Hee		Park	
Inventor's Signature		Date	
Residence: City	NJ State	Country	Korea Citizenship
Mailing Address			
Mailing Address 23708 BPO			
City Piscataway	State NJ	ZIP 08854	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Bo		Qiu	
Inventor's Signature		Date	
Residence: City	State	Country	China Citizenship
Mailing Address			
Mailing Address 7 Lake Avenue, Apt. 1-B			
City East Brunswick	NJ State	08816 ZIP	U.S.A. Country

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Pankaj		Paranjpe	
Inventor's Signature		Date	
Residence: City	State	Country	India Citizenship
Mailing Address			
Mailing Address 23601 BPO			
City Piscataway	NJ State	ZIP 08854	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
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Inventor's Signature		Date	
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Mailing Address			
Mailing Address			
City	State	ZIP	Country

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